

FILE NOW: FILING FEE IS \$61.25

FILED

Jan 31 1997 8:00am  
Secretary of StateNONPROFIT  
CORPORATION  
ANNUAL REPORT  
1997FLORIDA DEPARTMENT OF STATE  
Sandra B. Mortham  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # N94000003973 (4)

1. Corporation Name

HEAVENLY DOVE BAPTIST CHURCH, INC.



Principal Place of Business

Mailing Address

1825 NW 167 STREET  
STE. 101  
MIAMI FL 330561950 N.W. 173 STREET  
MIAMI FL 33056-47483. Date Incorporated or Qualified  
08/12/19943a. Date of Last Report  
02/07/1996

2. Principal Place of Business

2a. Mailing Address

21 14829 N.W. 7th Ave.

26

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

City &amp; State

27

City &amp; State

23 Miami, FL 33169

28

Zip

Country

Zip

Country

24

25

29

30

4. FEI Number  
65-0517694Applied For  
Not Applicable

5. Certificate of Status Desired

\$8.75 Additional  
Fee Required6. Election Campaign Financing  
Trust Fund Contribution\$5.00 May Be  
Added to Fees8. This corporation has liability for intangible tax under s. 199.032,  
Florida Statutes

Yes



No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

POWELL, WILLIE  
1950 N.W. 173 STREET  
MIAMI FL 33056

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL

85 Zip Code

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE

Signature, type or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when re-issuing)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE	PD	<input type="checkbox"/> DELETE
NAME	POWELL, WILLIE	
STREET ADDRESS	1825 NW 167TH STREET STE 101	
CITY-ST-ZIP	MIAMI FL 33056	
TITLE	VSTD	<input type="checkbox"/> DELETE
NAME	GREGORY, WILLIE MAE	
STREET ADDRESS	1825 NW 167TH STREET STE 101	
CITY-ST-ZIP	MIAMI FL 33056	
TITLE	MD	<input type="checkbox"/> DELETE
NAME	BROOKS, ALFRED	
STREET ADDRESS	1825 NW 167TH STREET STE 101	
CITY-ST-ZIP	MIAMI FL 33056	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

1.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	14829 N.W. 7th Ave
1.4 CITY-ST-ZIP	Miami, FL 33169
2.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	14829 N.W. 7th Ave
2.4 CITY-ST-ZIP	Miami, FL 33169
3.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	14829 N.W. 7th Ave
3.4 CITY-ST-ZIP	Miami, FL 33169
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY-ST-ZIP	

14. I do hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: *Willie Powell* WILLIE POWELL 1-14-97 654-6531  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone # 0025107

CR2E037 (9/96)